

Board of Health **CITY OF BALTIMORE**
 Permit No. A 491 Office of Registrar of Ward 11 Statistics. 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, June 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Craig

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 67 Years, 4 Months, Days,

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Housewife

Birthplace, { State or country, and how long in the United States. If of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and Number. } 844 N. Howard

Cause of Death, { First (Primary), Phthisis Pulmonalis }
 { Second (Immediate), " }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, June 22 1887 W. H. Wharton M. D.

{ Undertaker, Jas P Byrne } Medical Attendant.

{ Place of Business, 63 Front } Address, 1821 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 492

Office of Registrar of Vital Statistics.

Ward

2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna F. Abbe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

15

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No 1616 Eastern Ave

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, *S. Michaels Cemetery*

Date of Burial, *July 1st 1887*

{ Undertaker, *Leahard Perry* }

Thomas D. Evans M. D.
Medical Attendant.

{ Place of Business, *712 S. Bond St.* }

Address, *121 Jackson Square*

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[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A-493 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 19/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Reinig

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, 2 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bach.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 252 S. Register

Cause of Death, { First (Primary), Second (Immediate), } Hydrocephalus meningitis

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cemetery

Date of Burial, June 21st 1887

Undertaker, Wm. Nicholas R. W. Mansfield M. D. Medical Attendant.

Place of Business, 1415 Alice Ann. Address, 129 S Broadway

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 494 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 19. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Greene

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 153 Johns St

Cause of Death, { First (Primary), Heart - with improper diet Second (Immediate), Diarrhea }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 21/88

{ Undertaker, Alex Hensley John G. King M. D. Medical Attendant.

{ Place of Business, 561 Orchard Address, 640 N. Carrollton

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 495

Office of Registrar of Vital Statistics

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21st '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Schroeder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years,

9

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany - 3 weeks

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary),

Enterocolitis

Second (Immediate),

Exhaustion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician

Place of Burial,

Mount Carmel

Date of Burial,

June 21 1887

{ Undertaker, H. Sander & Son }

C. W. Mitchell

M. D.

Medical Attendant.

{ Place of Business, 1710 Canton St. }

Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 496 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel D. Chase

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 14 Months, Days.

Color, Caucasian

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, { Give Street and Number. } 431 W Biddle St

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Swanwick Cemetery

Date of Burial, June 21st 1887

Undertaker, W. W. Burdett J. H. Gillies M. D.

Place of Business, 97 South Hill Address, 437 W Biddle St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 497 Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 20th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert G. Hubbard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Barber

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 422 E. 1st St.

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, June 22nd 87

{ Undertaker, John B. Schuch

{ Place of Business, 265 E. 1st St. Address.

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 498

Office of Registrar of Vital Statistics.

Ward 20^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 19. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Speakes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Black Years, 4 Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Maryland

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, { Give Street and Number. } 1503 Shields Alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's cemetery

Date of Burial, June 21 1887

Undertaker, S. W. Chase

Place of Business, 641 Howard st.

Geo. A. Shannon M. D.
Medical Attendant.

Address, 1432 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 11499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A. 499 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1887

Full Name of Deceased, Louis H. Smothers
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 10 Months, 25 Days.

Color, (Black)

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Waltman

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All his life

Place of Death, 936 Leadenhall { Give Street and Number. }

Cause of Death, Stricture of Esophagus
{ First (Primary), Second (Immediate), } Quintessence

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, June 21 1887

{ Undertaker, Heard & Sons } Thomas C. M. D.
Medical Attendant.

{ Place of Business, 104 E. Calver } Address, 378 Hancock

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. A 500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 18th 87 Parents-
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } S. Smith and Master Deal
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, _____ Years, _____ Months, 21 Days.
 Color, Colored Sex, Male
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation, None
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City Md
 Duration of Residence in the City of Baltimore, 3 weeks
 Place of Death, { Give street and number. } 80 Elbow Lane
 Cause of Death, { First (Primary,) Mania
 { Second (Immediate,) _____
 Duration of Last Sickness, 3 weeks
 All the above information should be furnished by the Physician.
 Place of Burial, Sharp Cemetery
 Date of Burial, June 23rd 1887
 { Undertaker, Samuel Chase Address 615 Columbia Avenue
 { Place of Business, 19 S Howard St

J. Edward Kirby M. D.
 Medical Attendant.

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[OVER]